
Appendix B: BRFSS Questionnaire

Section 1: Health Status

1.1 Would you say that in general your health is:

- a. Excellent
- b. Very Good
- c. Good
- d. Fair

Or

- e. Poor
- Don't know / Not sure
- Refused

Section 2: Healthy Days - Health-related Quality of Life

2.1. Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

__ _ Number of days

None

Don't know / Not sure

Refused

2.2. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

__ _ Number of days

None (**If Q2.1 and Q2.2 are none, ⇒Go to next section**)

Don't know / Not sure

Refused

2.3. During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?

__ _ Number of days

None

Don't know / Not sure

Refused

Section 3: Health Care Access

3.1. Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?

a. Yes

b. No

Don't know / Not sure

Refused

- 3.2. Do you have one person you think of as your personal doctor or health care provider?
(If “No”, ask: “*Is there more than one or is there no person who you think of as your personal doctor or health care provider?*”)
- a. Yes, only one
 - b. More than one
 - c. No
 - Don’t know / Not sure
 - Refused
- 3.3. Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?
- a. Yes
 - b. No
 - Don’t know / Not sure**
 - Refused
- 3.4. About how long has it been since you last visited a doctor for a routine checkup?
(*A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.*)
- a. Within past yr (1-12 months ago)
 - b. Within past 2 yrs (1-2 yrs ago)
 - c. Within past 5 yrs (2-5 yrs ago)
 - d. 5 or more years ago
 - Don’t know / Not sure
 - Never
 - Refused

Section 4: Exercise

- 4.1. During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?
- a. Yes
 - b. No
 - Don’t know / Not sure
 - Refused

Section 5: Diabetes

- 5.1. Have you EVER been told by a doctor that you have diabetes?
(If respondent says ‘pre-diabetes or borderline diabetes’, use response d.)
(If “Yes” and respondent is female, ask: “*Was this only when you were pregnant?*”)
- a. Yes
 - b. Yes, but female told only during pregnancy
 - c. No
 - d. No, pre-diabetes or borderline diabetes
 - Don’t know / Not sure
 - Refused

Section 6: Hypertension Awareness

- 6.1. Have you EVER been told by a doctor, nurse, or other health professional that you have high blood pressure?
(If “Yes” and respondent is female, ask: “Was this only when you were pregnant?”)
- a. Yes
 - b. Yes, but female told only during pregnancy (⇒Go to next section)
 - c. No (⇒Go to next section)
 - d. Told borderline high or pre-hypertensive (⇒Go to next section)
 - Don’t know / Not sure (⇒Go to next section)
 - Refused (⇒Go to next section)
- 6.2. Are you currently taking medicine for your high blood pressure?
- a. Yes
 - b. No
 - Don’t know / Not sure
 - Refused

Section 7: Cholesterol Awareness

- 7.1. Blood cholesterol is a fatty substance found in the blood. Have you EVER had your blood cholesterol checked?
- a. Yes
 - b. No (⇒Go to next section)
 - Don’t know / Not sure (⇒Go to next section)
 - Refused (⇒Go to next section)
- 7.2. About how long has it been since you last had your blood cholesterol checked?
- Read only if necessary:**
- a. Within the past year (anytime less than 12 months ago)
 - b. Within the past 2 years (1 year but less than 2 years ago)
 - c. Within the past 5 years (2 years but less than 5 years ago)
 - d. 5 or more years ago
- Do Not Read**
- Don’t know / Not sure
- Refused
- 7.3. Have you EVER been told by a doctor, nurse or other health professional that your blood cholesterol is high?
- a. Yes
 - b. No
 - Don’t know / Not sure
 - Refused

Section 8: Cardiovascular Disease Prevalence

Has a doctor, nurse, or other health professional EVER told you that you had any of the following?

8.1. (Ever told) you had a heart attack, also called a myocardial infarction?

- a. Yes
- b. No
- Don't know / Not sure
- Refused

8.2. (Ever told) you had angina or coronary heart disease?

- a. Yes
- b. No
- Don't know / Not sure
- Refused

8.3. (Ever told) you had a stroke?

- a. Yes
- b. No
- Don't know / Not sure
- Refused

Section 9: Asthma

9.1. Have you EVER been told by a doctor, nurse, or other health professional that you had asthma?

- a. Yes
- b. No (⇒Go to next section)
- Don't know / Not sure (⇒Go to next section)
- Refused (⇒Go to next section)

9.2. Do you still have asthma?

- a. Yes
- b. No
- Don't know / Not sure
- Refused

Section 10: Immunization

10.1. A flu shot is an influenza vaccine injected in your arm. During the past 12 months, have you had a flu shot?

- a. Yes
- b. No
- Don't know / Not sure
- Refused

- 10.2. During the past 12 months, have you had a flu vaccine that was sprayed in your nose? The flu vaccine that is sprayed in the nose is also called FluMist™.
- a. Yes
 - b. No
 - Don't know / Not sure
 - Refused
- 10.3. A pneumonia shot or pneumococcal vaccine is usually given only once or twice in a person's lifetime and is different from the flu shot. Have you ever had a pneumonia shot?
- a. Yes
 - b. No
 - Don't know / Not sure
 - Refused

Section 11: Tobacco Use

- 11.1. Have you smoked at least 100 cigarettes in your entire life?

Note: 5 packs = 100 cigarettes

- a. Yes
 - b. No (⇒Go to next section)
 - Don't know / Not sure (⇒Go to next section)
 - Refused (⇒Go to next section)
- 11.2. Do you now smoke cigarettes every day, some days, or not at all?
- a. Every day
 - b. Some days
 - c. Not at all (⇒Go to next section)
 - Don't know / Not sure (⇒Go to next section)
 - Refused (⇒Go to next section)
- 11.3. During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?
- a. Yes
 - b. No
 - Don't know / Not sure
 - Refused

Section 12: Alcohol Consumption

- 12.1. During the past 30 days, have you had at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?
- a. Yes
 - b. No (⇒Go to next section)
 - Don't know / Not sure (⇒Go to next section)
 - Refused (⇒Go to next section)

- 12.2. During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage?
- _ _Days per week
 - _ _Days in past 30 days
 - No drinks in past 30 days (⇒Go to next section)
 - Don't know / Not sure
 - Refused
- 12.3. One drink is equivalent to a 12 ounce beer, a 5 ounce glass of wine, or a drink with one shot of liquor. On the days when you drank, during the past 30 days, about how many drinks did you drink on the average?
- _ _Number of drinks
 - Don't know / Not sure
 - Refused
- 12.4. Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more drinks on one occasion?
- _ _Number of times
 - None
 - Don't know / Not sure
 - Refused
- 12.5. During the past 30 days, what is the largest number of drinks you had on any occasion?
- _ _Number
 - Don't know / Not sure
 - Refused

Section 13: Demographics

- 13.1. What is your age?
- _ _Code age in years
 - Don't know / Not sure
 - Refused
- 13.2. Are you Hispanic or Latino?
- a. Yes
 - b. No
 - Don't know / Not sure
 - Refused

- 13.3. Which one or more of the following would you say is your race?

(Check all that apply)

Please read

- a. White
- b. Black or African American
- c. Asian
- d. Native Hawaiian or Other Pacific Islander
- e. American Indian, Alaska Native

Or

- f. Other [specify] _____

Do Not Read

No additional choices
Don't know / Not sure
Refused

If more than one response to Q13.3; continue. Otherwise, ➡Go to Q13.5.

13.4. Which one of these groups would you say BEST represents your race?

- a. White
 - b. Black or African American
 - c. Asian
 - d. Native Hawaiian or Other Pacific Islander
 - e. American Indian or Alaska Native
 - f. Other [specify] _____
- Don't know / Not sure
Refused

13.5. Are you...?

Please read

- a. Married
- b. Divorced
- c. Widowed
- d. Separated
- e. Never married

Or

- f. A member of an unmarried couple

Do Not Read

Refused

13.6. How many children less than 18 years of age live in your household?

__Number of children
None
Refused

13.7. What is the highest grade or year of school you completed?

Read only if necessary:

- a. Never attended school or only attended kindergarten
- b. Grades 1 through 8 (Elementary)
- c. Grades 9 through 11 (Some high school)
- d. Grade 12 or GED (High school graduate)
- e. College 1 year to 3 years (Some college or technical school)
- f. College 4 years or more (College graduate)

Do Not Read

Refused

13.8. Are you currently?

Please read

- a. Employed for wages
- b. Self-employed
- c. Out of work for more than 1 year
- d. Out of work for less than 1 year
- e. A homemaker
- f. A student
- g. Retired,

Or

- h. Unable to work

Do Not Read

Refused

13.9. Is your annual household income from all sources...?

If respondent refuses at ANY income level, code Refused.

Read only if necessary:

- a. Less than \$25,000 (If “no”, ask e; if “yes”, ask b)
(\$20,000 to less than \$25,000)
- b. Less than \$20,000 (If “no”, code a; if “yes”, ask c)
(\$15,000 to less than \$20,000)
- c. Less than \$15,000 (If “no”, code b; if “yes”, ask d)
(\$10,000 to less than \$15,000)
- d. Less than \$10,000 (If “no”, code c)
- e. Less than \$35,000 (If “no”, ask f)
(\$25,000 to less than \$35,000)
- f. Less than \$50,000 (If “no”, ask g)
(\$35,000 to less than \$50,000)
- g. Less than \$75,000 (If “no”, code h)
(\$50,000 to less than \$75,000)
- h. \$75,000 or more

Do Not Read

Don't know / Not sure

Refused

13.10. About how much do you weigh without shoes?

Note: If respondent answers in metrics, put “9” in column 129.

Round fractions up

____ Weight

(pounds/kilograms)

Don't know / Not sure

Refused

13.11. About how tall are you without shoes?

Note: If respondent answers in metrics, put “9” in column 133.

Round fractions down

__/_ Height

(ft / inches/meters/centimeters)

Don't know / Not sure

Refused

13.12. What county do you live in?

__ FIPS county code

Don't know / Not sure

Refused

13.13. What is your ZIP Code where you live?

____ ZIP Code

Don't know / Not sure

Refused

13.14. Do you have more than one telephone number in your household? Do not include cell phones or numbers that are only used by a computer or fax machine.

a. Yes

b. No (⇒Go to Q13.16)

Don't know / Not sure (⇒Go to Q13.16)

Refused (⇒Go to Q13.16)

13.15. How many of these phone numbers are residential numbers?

_ Residential telephone numbers (6=6 or more)

Don't know / Not sure

Refused

13.16. During the past 12 months, has your household been without telephone service for 1 week or more? Do not include interruptions of phone service due to weather or natural disasters.

a. Yes

b. No

Don't know / Not sure

Refused

13.17. Indicate sex of respondent.

a. Male (⇒Go to next section)

b. Female (If respondent is 45 years old or older, ⇒Go to next section)

13.18. To your knowledge, are you now pregnant?

a. Yes

b. No

Don't know / Not sure

Refused

Section 14: Veteran's Status

The next question relates to military service in the United States Armed Forces, either in the regular military or in a National Guard or Reserve unit.

14.1. Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit?

a. Yes

b. No

Don't know / Not sure

Refused

Section 15: Disability

The following questions are about health problems or impairments you may have.

15.1. Are you limited in any way in any activities because of physical, mental, or emotional problems?

a. Yes

b. No

Don't know / Not sure

Refused

15.2. Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone?

Note: Include occasional use or use in certain circumstances.

a. Yes

b. No

Don't know / Not sure

Refused

Section 16: Arthritis Burden

The next questions refer to the joints in your body. Please do NOT include the back or neck.

16.1. During the past 30 days, have you had symptoms of pain, aching, or stiffness in or around a joint?

a. Yes

b. No (⇒Go to Q16.4)

Don't know / Not sure (⇒Go to Q16.4)

Refused (⇒Go to Q16.4)

- 16.2. Did your joint symptoms FIRST begin more than 3 months ago?
- a. Yes
 - b. No (⇒Go to Q16.4)
 - Don't know / Not sure (⇒Go to Q16.4)
 - Refused (⇒Go to Q16.4)
- 16.3. Have you EVER seen a doctor or other health professional for these joint symptoms?
- a. Yes
 - b. No
 - Don't know / Not sure
 - Refused
- 16.4. Have you EVER been told by a doctor or other health professional that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?
- a. Yes
 - b. No
 - Don't know / Not sure
 - Refused

INTERVIEWER NOTE: Arthritis diagnoses include:

- rheumatism, polymyalgia rheumatica
- osteoarthritis (not osteoporosis)
- tendonitis, bursitis, bunion, tennis elbow
- carpal tunnel syndrome, tarsal tunnel syndrome
- joint infection, Reiter's syndrome
- ankylosing spondylitis; spondylosis
- rotator cuff syndrome
- connective tissue disease, scleroderma, polymyositis, Raynaud's syndrome
- vasculitis (giant cell arteritis, Henoch-Schonlein purpura, Wegener's granulomatosis, polyarteritis nodosa)

If either Q16.2 = a(yes) or Q16.4=a(yes); continue. Otherwise, ⇒Go to next section.

- 16.5. Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms?
- a. Yes
 - b. No
 - Don't know / Not sure
 - Refused

Note: If a respondent question arises about medication, then the interviewer should reply: *"Please answer the question based on how you are when you are taking any of the medications or treatments you might use."*

Section 17: Fruits & Vegetables

These next questions are about the foods you usually eat or drink. Please tell me how often you eat or drink each one, for example, twice a week, three times a month, and so forth. Remember, I am only interested in the foods *you* eat. Include all foods *you* eat, both at home and away from home.

17.1. How often do you drink fruit juices such as orange, grapefruit, or tomato?

☐ ☐ Per day
☐ ☐ Per week
☐ ☐ Per month
☐ ☐ Per year
Never
Don't know / Not sure
Refused

17.2. Not counting juice, how often do you eat fruit?

☐ ☐ Per day
☐ ☐ Per week
☐ ☐ Per month
☐ ☐ Per year
Never
Don't know / Not sure
Refused

17.3. How often do you eat green salad?

☐ ☐ Per day
☐ ☐ Per week
☐ ☐ Per month
☐ ☐ Per year
Never
Don't know / Not sure
Refused

17.4. How often do you eat potatoes not including French fries, fried potatoes, or potato chips?

☐ ☐ Per day
☐ ☐ Per week
☐ ☐ Per month
☐ ☐ Per year
Never
Don't know / Not sure
Refused

17.5. How often do you eat carrots?

☐ ☐ Per day
☐ ☐ Per week
☐ ☐ Per month
☐ ☐ Per year
Never
Don't know / Not sure
Refused

17.6. Not counting carrots, potatoes, or salad, how many servings of vegetables do you usually eat? (Example: A serving of vegetables at both lunch and dinner would be two servings.)

__ Per day
 __ Per week
 __ Per month
 __ Per year
 Never
 Don't know / Not sure
 Refused

Section 18: Physical Activity

If Core Q13.8=a(employed for wages) or b(self-employed); continue. Otherwise, ⇒Go to Q18.2.

18.1. When you are at work, which of the following best describes what you do? Would you say?

Note: If respondent has multiple jobs, include all jobs.

Please read

- a. Mostly sitting or standing
- b. Mostly walking
- c. Mostly heavy labor or physically demanding work

Do Not Read

Don't know / Not sure
 Refused

Please read

We are interested in two types of physical activity - vigorous and moderate. Vigorous activities cause large increases in breathing or heart rate while moderate activities cause small increases in breathing or heart rate.

18.2. Now, thinking about the moderate activities you do [fill in “when you are not working” if “employed” or self-employed”] in a usual week, do you do moderate activities for at least 10 minutes at a time, such as brisk walking, bicycling, vacuuming, gardening, or anything else that causes some increase in breathing or heart rate?

- a. Yes
- b. No (⇒Go to Q18.5)
- Don't know / Not sure (⇒Go to Q18.5)
- Refused (⇒Go to Q18.5)

18.3. How many days per week do you do these moderate activities for at least 10 minutes at a time?

__ Days per week
 Do not do any moderate physical activity for at least 10 minutes at a time (⇒Go to Q18.5)
 Don't know / Not sure (⇒Go to Q18.5)
 Refused (⇒Go to Q18.5)

18.4. On days when you do moderate activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities?

: Hours and minutes per day
 Don't know / Not sure
 Refused

18.5. Now, thinking about the vigorous activities you do [fill in “when you are not working” if “employed”

or “self-employed”] in a usual week, do you do vigorous activities for at least 10 minutes at a time, such as running, aerobics, heavy yard work, or anything else that causes large increases in breathing or heart rate?

- a. Yes
- b. No (⇒Go to next section)
- Don’t know / Not sure (⇒Go to next section)
- Refused (⇒Go to next section)

18.6. How many days per week do you do these vigorous activities for at least 10 minutes at a time?

- _ _ Days per week
- Do not do any vigorous physical activity for at least 10 minutes at a time (⇒Go to next section)
- Don’t know / Not sure (⇒Go to next section)
- Refused (⇒Go to next section)

18.7. On days when you do vigorous activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities?

- _ : _ _ Hours and minutes per day
- Don’t know / Not sure
- Refused

Section 19: HIV/AIDS

If respondent is 65 years old or older; ⇒Go to next section.

The next few questions are about the national health problem of HIV, the virus that causes AIDS. Please remember that your answers are strictly confidential and that you do not have to answer every question if you do not want to. Although we will ask you about testing, we will not ask you about the results of any test you may have had.

19.1. Have you EVER been tested for HIV? Do not count tests you may have had as part of a blood donation. **Include test using fluid from your mouth.**

- a. Yes
- b. No (⇒Go to Q19.4)
- Don’t know / Not sure (⇒Go to Q19.4)
- Refused (⇒Go to Q19.4)

19.2. Not including blood donations, in what month and year was your last HIV test?

Note: If response is before January 1985, code “Don’t know.”

- _ _ / _ _ _ _ Code month and year
- Don’t know / Not sure
- Refused

19.3. Where did you have your last HIV test, at a private doctor or HMO office, at a counseling and testing site, at a hospital, at a clinic, in a jail or prison, at home, or somewhere else?

- a. Private doctor or HMO office
- b. Counseling and testing site
- c. Hospital
- d. Clinic
- e. In a jail or prison (or other correctional facility)
- f. Home
- g. Somewhere else
- Don't know / Not sure
- Refused

19.4. I am going to read you a list. When I am done, please tell me if any of the situations apply to you. You do not need to tell me which one.

Please read

- You have used intravenous drugs in the past year.
- You have been treated for a sexually transmitted or venereal disease in the past year.
- You have given or received money or drugs in exchange for sex in the past year.
- You had anal sex without a condom in the past year.

Do any of these situations apply to you?

- a. Yes
- b. No
- Don't know / Not sure
- Refused

Section 20: Emotional Support & Life Satisfaction

The next two questions are about emotional support and your satisfaction with life.

20.1. How often do you get the social and emotional support you need?

Please read

- a. Always
- b. Usually
- c. Sometimes
- d. Rarely
- e. Never

Do Not Read

Don't know / Not sure
Refused

20.2. In general, how satisfied are you with your life?

Please read

- a. Very satisfied
- b. Satisfied
- c. Dissatisfied
- d. Very dissatisfied

Do Not Read

Don't know / Not sure
Refused

Module 1: Diabetes

To be asked following Core Q5.1; if response code=a (Yes).

1. How old were you when you were told you have diabetes?

__ Code age in years (**97=97 and older**)
Don't know / Not sure
Refused
2. Are you now taking insulin?

a. Yes
b. No
Refused
3. Are you now taking diabetes pills?

a. Yes
b. No
Don't know / Not sure
Refused
4. About how often do you check your blood for glucose or sugar? Include times when checked by a family member or friend, but do NOT include times when checked by a health professional.

__ Times per day
__ Times per week
__ Times per month
__ Times per year
Never
Don't know / Not sure
Refused
5. About how often do you check your feet for any sores or irritations? Include times when checked by a family member or friend, but do NOT include times when checked by a health professional.

__ Times per day
__ Times per week
__ Times per month
__ Times per year
Never
No feet
Don't know / Not sure
Refused
6. Have you EVER had any sores or irritations on your feet that took more than four weeks to heal?

a. Yes
b. No
Don't know / Not sure
Refused

7. About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes?

__ _ Number of times (**76=76 or more**)

None

Don't know / Not sure

Refused

8. A test for "**A one C**" measures the average level of blood sugar over the past three months. About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for "**A one C**"?

__ _ Number of times (**76=76 or more**)

None

Never heard of "**A one C**" test

Don't know / Not sure

Refused

If Q5= (No Feet); ➡Go to Q10.

9. About how many times in the past 12 months has a health professional checked your feet for any sores or irritations?

__ _ Number of times (**76=76 or more**)

None

Don't know / Not sure

Refused

10. When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light.

Read only if necessary:

- a. Within the past month (anytime less than 1 month ago)
- b. Within the past year (1 month but less than 12 months ago)
- c. Within the past 2 years (1 year but less than 2 years ago)
- d. 2 or more years ago
- e. Never

Do Not Read

Don't know / Not sure

Refused

11. Has a doctor EVER told you that diabetes has affected your eyes or that you had retinopathy?

a. Yes

b. No

Don't know / Not sure

Refused

12. Have you EVER taken a course or class in how to manage your diabetes yourself?

a. Yes

b. No

Don't know / Not sure

Refused

Module 10: Random Child Selection

If Core Q13.6 = None or Refused, ⇒ Go to Module 13.

If Core Q13.6 = 1; **INTERVIEWER:** “Previously, you indicated there was one child age 17 or younger in your household. I would like to ask you some questions about that child.” ⇒ Go to Q1.

If Core 13.6 is >1 and Core Q13.6 was not None or Refused; **INTERVIEWER:** “Previously, you indicated there were [number] children age 17 or younger in your household. Think about those [number] children in order of their birth, from oldest to youngest. The oldest child is the first child and the youngest child is the last. Please include children with the same birth date, including twins, in the order of their birth.”

RANDOMLY SELECT ONE OF THE CHILDREN. This is the “Xth” child. Please substitute “Xth” child’s number in all questions below.

INTERVIEWER: “I have some additional questions about one specific child. The child I will be referring to is the “Xth” [please fill in correct number] child in your household. All following questions about children will be about the “Xth” [please fill in] child.”

1. What is the birth month and year of the “Xth” child?

__ / __ __ __ Code month and year
Don’t know / Not sure
Refused

INSTRUCTION: Calculate the child’s age in months (CHLDAGE1=0 to 216) and also in years (CHLDAGE2=0 to 17) based on the interview date and the birth month and year using a value of 15 for the birth day. If the selected child is < 12 months old enter the calculated months in CHLDAGE1 and 0 in CHLDAGE2. If the child is ≥ 12 months enter the calculated months in CHLDAGE1 and set CHLDAGE2=Truncate (CHLDAGE1/12).

2. Is the child a boy or a girl?

a. Boy
b. Girl
Refused

3. Is the child Hispanic or Latino?

a. Yes
b. No
Don’t know / Not sure
Refused

4. Which one or more of the following would you say is the race of the child?
(Check all that apply)

Please read

- a. White
- b. Black or African American
- c. Asian
- d. Native Hawaiian or Other Pacific Islander
- e. American Indian, Alaska Native

Or

- f. Other [specify] _____

Do Not Read

No additional choices
Don't know / Not sure
Refused

If more than one response to Q4; continue. Otherwise, ⇨Go to Q6.

5. Which one of these groups would you say best represents the child's race?

- a. White
- b. Black or African American
- c. Asian
- d. Native Hawaiian or Other Pacific Islander
- e. American Indian, Alaska Native
- f. Other

Don't know / Not sure
Refused

6. How are you related to the child?

Please read

- a. Parent (mother or father) include biologic, step or adoptive parent
- b. Grandparent
- c. Foster parent or guardian [other than parent or grandparent]
- d. Sibling (brother or sister) include biologic, step and adoptive sibling
- e. Other relative
- f. Not related in any way

Do Not Read

Don't know / Not sure
Refused

Module 11: Childhood Asthma Prevalence

If Core Q13.6 = None or Refused; ⇨Go to Module 13.

The next two questions are about the "Xth" [please fill in correct number] child.

1. Has a doctor, nurse, or other medical professional EVER said that the child has asthma?

- a. Yes
 - b. No ⇨Go to next module
- Don't know / Not sure ⇨Go to next module
Refused ⇨Go to next module

2. Does the child still have asthma?
- a. Yes
 - b. No
 - Don't know / Not sure
 - Refused

Module 12: Child Immunization

Ask Module 12 only if CHLDAGE1 \geq 6 months of age; Otherwise; \Rightarrow Go to Module 13.

I have 2 additional questions about the “Xth” child [please fill in the correct number].

1. During the past 12 months, has the child had a flu shot? A flu shot is an influenza vaccine injected in [his/her] arm or thigh.
- a. Yes
 - b. No
 - Don't know / Not sure
 - Refused
2. During the past 12 months, has the child had an influenza vaccine sprayed in [his/her] nose? The influenza vaccine that is sprayed in the nose is FluMistTM.
- a. Yes
 - b. No
 - Don't know / Not sure
 - Refused

SOUTH DAKOTA'S 2005 STATE-ADDED QUESTIONS

HEALTH CARE COVERAGE

If "a" to Q. 3.1 in Section 3, continue. Otherwise go to Q. S2.

- S1. Earlier you were asked some questions about your health care coverage. We'd now like to ask you what type of health care coverage you use to pay for most of your medical care?

Is it coverage through:

- a. Your employer
- b. Someone else's employer
- c. A plan that you or someone else buys on your own
- d. Medicare
- e. Medicaid or Medical Assistance
- f. The military, CHAMPUS, TriCare, or the VA
- g. The Indian Health Service
- h. Some other source
- None
- Don't know/Not sure
- Refused

Go to Q. S3.

If "b" to Q. 3.1 in Section 3, continue. Otherwise go to Q. S3.

- S2. Earlier you indicated that you did not have any type of health care coverage, but there are some types of coverage you may not have considered. Please tell me if you have any of the following:

Coverage through:

- a. Your employer
- b. Someone else's employer
- c. A plan that you or someone else buys on your own
- d. Medicare
- e. Medicaid or Medical Assistance
- f. The military, CHAMPUS, TriCare, or the VA
- g. The Indian Health Service
- h. Some other source
- None
- Don't know/Not sure
- Refused

IMMUNIZATION

If "b" to Q. 10.1 and "b" to Q. 10.2 in Section 10, continue. Otherwise, go to Q. S4.

S3. Earlier you indicated that you did not receive a flu shot in your arm, nor did you have any flu vaccine sprayed in your nose within the past 12 months. What was the main reason that you did not get a flu vaccination?

- a. Not recommended by doctor
- b. Didn't think I needed one
- c. Not physically able to get to the clinic
- d. Vaccine not available / clinic didn't get their shipment
- e. Didn't think of it / forgot / missed it
- f. Shot could give me the flu / allergic reaction / health problems
- g. Other
- Don't know/Not sure
- Refused

TOBACCO USE

S4. Do you use chewing tobacco or snuff every day, some days, or not at all?

- a. Every day
- b. Some days
- c. Not at all
- Don't know / Not sure
- Refused

If "a" to Q. 3.4 in Section 3, go to Q. S6. Otherwise, continue.

S5. In the past 12 months, have you seen a doctor, nurse or other health professional to get any kind of care for yourself?

- a. Yes
- b. No **Go to Q. S7**
- Don't Know/Not Sure **Go to Q. S7**
- Refused **Go to Q. S7**

If ("a" or "b" to Q. 11.2 in Section 11) or ("a" or "b" to Q. S4), continue. Otherwise, go to Q. S7.

S6. In the past 12 months, has a doctor, nurse, or other health professional advised you to (quit smoking or stop using spit tobacco)?

- a. Yes
- b. No
- Don't Know/Not Sure
- Refused

SECONDHAND SMOKE

If “a” or “b” to Q. 13.8 in Section 13, continue. Otherwise, go to Q. S9.

S7. While working at your job, are you indoors most of the time?

- a. Yes
- b. No (**Go to Q. S9**)
- Don't Know/Not Sure (**Go to Q. S9**)
- Refused (**Go to Q. S9**)

S8. Which of the following best describes your place of work's official smoking policy for work areas?

Please read

- a. Not allowed in any work areas
- b. Allowed in some work areas
- c. Allowed in all work areas

Or

- d. No official policy
- Don't know/Not sure
- Refused

S9. Do you think that breathing smoke from other people's cigarettes causes any of the following:

a. Lung cancer?

- a. Yes
- b. No
- Don't Know/Not Sure
- Refused

b. Heart disease?

- a. Yes
- b. No
- Don't Know/Not Sure
- Refused

c. Colon cancer?

- a. Yes
- b. No
- Don't Know/Not Sure
- Refused

d. Health problems in children?

- a. Yes
- b. No
- Don't Know/Not Sure
- Refused

e. Sudden infant death syndrome?

- a. Yes
- b. No
- Don't Know/Not Sure
- Refused

CHILDREN'S HEALTH INSURANCE

**If the total number of children (ages 0-17) is equal to or greater than 1 according to Q. 13.6, continue.
Otherwise, go to Q. S42.**

I'm now going to ask you some more questions about the child in the household that we talked about earlier.

S10. Does this child have health coverage?

- a. Yes
- b. No **Go to Q. S12**
- Don't Know/Not Sure **Go to Q. S20**
- Refused **Go to Q. S20**

S11. What type of health coverage do you use to pay for most of this child's medical care? Is it coverage through: Your employer; Someone else's employer; A plan that you or someone else buys on your own; Medicare; Medicaid, CHIP, or Medical Assistance; The military, CHAMPUS, TriCare or the VA; The Indian Health Service [IHS]; Community Health Services; or Some other source?

- a. Your employer
- b. Someone else's employer
- c. A plan that you or someone else buys on your own
- d. Medicare
- e. Medicaid, CHIP, or Medical Assistance
- f. The military, CHAMPUS, TriCare, or the VA
- g. The Indian Health Service (IHS)
- h. Community Health Services
- i. Some other source
- None
- Don't know/Not sure
- Refused

If "e" to Q. S11 go to Q. S19, otherwise go to Q. S20.

S12. There are some types of coverage you may not have considered, Please tell me if this child is covered by any of the following. Coverage through: Your employer; Someone else's employer; A plan that you or someone else buys on your own; Medicare; Medicaid, CHIP, or Medical Assistance; The military, CHAMPUS, TriCare or the VA; The Indian Health Service [IHS]; Community Health Services or Some other source?

- a. Your employer (**Go to Q. S20**)
- b. Someone else's employer (**Go to Q. S20**)
- c. A plan that you or someone else buys on your own (**Go to Q. S20**)
- d. Medicare (**Go to Q. S20**)
- e. Medicaid, CHIP, or Medical Assistance (**Go to Q. S19**)
- f. The military, CHAMPUS, TriCare, or the VA (**Go to Q. S20**)
- g. The Indian Health Service (**Go to Q. S20**)
- h. Community Health Services (**Go to Q. S20**)
- i. Some other source (**Go to Q. S20**)
- None
- Don't know/Not sure (**Go to Q. S20**)
- Refused (**Go to Q. S20**)

- S13. Has this child been refused health coverage due to his or her health status?
- a. Yes
 - b. No
 - Don't Know/Not Sure
 - Refused
- S14. Is this child without health coverage because of the loss of someone's employment?
- a. Yes
 - b. No
 - Don't Know/Not Sure
 - Refused
- S15. Is this child without health coverage due to any more of the following?
- a. Employer dropped coverage?
 - b. Cost of premiums?
 - c. High deductibles?
 - d. Don't think it's necessary to have health coverage for this child?
- a. Yes
 - b. No
 - Don't know/Not sure
 - Refused
- S16. Please indicate if any of the following occurred in the last year due to this child's lack of health coverage.
- a. Went without medical care when sick or injured, but probably should have received medical care.
 - b. Medical care was delayed when the child was sick or injured and probably should have received care sooner.
- a. Yes
 - b. No
 - Don't know/Not sure
 - Refused
- S17. About how long has it been since this child last visited a doctor for a routine checkup or physical examination?
- a. Within the past year (anytime less than 12 months ago)
 - b. Within the past 2 years (1 year but less than 2 years ago)
 - c. Within the past 5 years (2 years but less than 5 years ago)
 - d. 5 or more years ago
 - Don't know/Not sure
 - Never
 - Refused

S18. Who primarily pays for medical care for this uninsured child?

INTERVIEWER: Parent(s) includes caretaker parent and/or absent parent. Other includes private foundation, charitable organization, provider write-off, etc...

- a. Parent(s)
- b. Other relative
- c. County
- d. Other
- Don't know/Not sure
- Refused

Go to Q. S20

S19. Have you dropped or reduced private health coverage for this child because of the availability of medical assistance programs?

- a. Yes
- b. No
- Don't Know/Not Sure
- Refused

CHILDREN'S ORAL HEALTH

If age of child is greater than 0 continue. Otherwise go to Q. S25.

S20. How long has it been since this child last visited the dentist or a dental clinic?

- a. Within the past year (1 to 12 months ago) **Go to Q. S22**
- b. Within the past 2 years (1 to 2 years ago)
- c. Within the past 5 years (2 to 5 years ago)
- d. 5 or more years ago
- Don't Know/Not Sure **Go to Q. S22**
- Never
- Refused **Go to Q. S22**

S21. What is the main reason this child has not visited the dentist in the last year?

- a. Fear, apprehension, nervousness, pain, dislike going
- b. Cost
- c. Do not have/know a dentist
- d. Cannot get to the office/clinic (too far away, no transportation, no appointments available)
- e. No reason to go (no problems, no teeth)
- f. Other priorities
- g. Have not thought of it
- h. Other
- Don't Know/Not Sure
- Refused

S22. Do you have any kind of insurance coverage that pays for some or all of this child's routine dental care, including dental insurance, prepaid plans such as HMOs, or government plans such as Medicare?

- a. Yes
- b. No
- Don't Know/Not Sure
- Refused

- S23. During the past 6 months, did this child have a toothache more than once, when biting or chewing?
- a. Yes
 - b. No
 - Don't know/Not sure
 - Refused

If "Never" to Q. S20, go to Q. S25. Otherwise, continue.

- S24. What was the main reason that this child last visited a dentist?
- a. Went in on own for check-up, examination, or cleaning
 - b. Was called in by the dentist for check-up, examination, or cleaning
 - c. Something was wrong, bothering, or hurting
 - d. Went for treatment of a condition that dentist discovered at earlier check-up or examination
 - e. Other
 - Don't know/Not sure
 - Refused

CHILDHOOD DIABETES

- S25. Has this child ever been diagnosed with diabetes by a doctor?
- a. Yes
 - b. No **Go to Q. S27**
 - Don't Know/Not Sure **Go to Q. S27**
 - Refused **Go to Q. S27**

- S26. What is the type of diabetes?

Please Read

- a. Type 1
- b. Type 2
- c. Both
- Don't know/Not sure
- Refused

CHILDREN'S SPECIAL HEALTH CONDITIONS

- S27. Does this child have any conditions (other than diabetes and asthma) which limit their activities or require ongoing medication?
- a. Yes **Go to Q. S28**
 - b. No
 - Don't Know/Not Sure
 - Refused

If "a" to Q. 2 in Module 11 or "a" to Q. S25 go to Q. S29. Otherwise, go to Q. S41.

S28. What health care conditions does this child have?

Check all that apply

- a. Cerebral Palsy
- b. Heart Condition
- c. Epilepsy or seizures
- d. ADD/ADHD
- e. Autism
- f. Hearing Impairment
- g. Learning Disability
- h. Visual Impairment
- i. Emotional Health
- j. Any other conditions (Specify)_____
- Don't Know/Not Sure
- No other conditions
- Refused

If (“Don’t Know/Not Sure”, “None”, or “Refused” to Q. S12) or (“Don’t Know/Not Sure” or “Refused” to Q. S10), go to Q. S31. Otherwise, continue.

S29. Do you feel this child has adequate health insurance?

- a. Yes **Go to Q. S31**
- b. No
- Don't Know/Not Sure **Go to Q. S31**
- Refused **Go to Q. S31**

S30. Why not?

- a. High Co-pay or Deductible
- b. Rider on the Policy
- c. Pre-existing Condition
- d. Out of Network Providers
- e. Services are Excluded:
(Specify Services)_____
- f. Other (Specify)_____
- Don't Know/Not Sure
- Refused

S31. Please tell me which of following types of medical care and treatment are needed by this child:

- a. Prescription drugs?
 - a. Yes
 - b. No
 - Don't Know/Not Sure
 - Refused
- b. Therapies?
 - a. Yes
 - b. No
 - Don't Know/Not Sure
 - Refused

c. Frequent lab tests?

a. Yes

b. No

Don't Know/Not Sure

Refused

d. Primary care physician visits?

a. Yes

b. No

Don't Know/Not Sure

Refused

e. Specialist care physician visits?

a. Yes

b. No

Don't Know/Not Sure

Refused

f. Special equipment?

a. Yes

b. No

Don't Know/Not Sure

Refused

g. Surgery?

a. Yes

b. No

Don't Know/Not Sure

Refused

h. Any other types of medical treatment or care? (Specify)

a. Yes

b. No

Don't Know/Not Sure

Refused

S32. Now please tell me how many miles need to be traveled for the following types of medical care or treatment for this child.

If "a" to Q. S31a continue. Otherwise go to Q. S32b.

a. Prescription drugs?

___Miles

Don't Know/Not Sure

Refused

If "a" to Q. S31b continue. Otherwise go to Q. S32c.

b. Therapies?

___Miles

Don't Know/Not Sure

Refused

If “a” to Q. S31c continue. Otherwise go to Q. S32d.

- c. Frequent lab tests?
____Miles
Don't Know/Not Sure
Refused

If “a” to Q. S31d continue. Otherwise go to Q. S32e.

- d. Primary care physician visits?
____Miles
Don't Know/Not Sure
Refused

If “a” to Q. S31e continue. Otherwise go to Q. S32f.

- e. Specialist care physician visits?
____Miles
Don't Know/Not Sure
Refused

If “a” to Q. S31f continue. Otherwise go to Q. S32g.

- f. Special equipment?
____Miles
Don't Know/Not Sure
Refused

If “a” to Q. S31g continue. Otherwise go to Q. S32h.

- g. Surgery?
____Miles
Don't Know/Not Sure
Refused

If “a” to Q. S31h continue. Otherwise go to Q. S33.

- h. Any other types of medical treatment or care? (Specify)
____Miles
Don't Know/Not Sure
Refused

S33. How frequent are the following types of medical care or treatment needed for this child?

If “a” to Q. S31a continue. Otherwise go to Q. S33b.

- a. Prescription drugs?
__ Per day
__ Per week
__ Per month
__ Per year
Never
Don't know / Not sure
Refused

If “a” to Q. S31b continue. Otherwise go to Q. S33c.

b. Therapies?

__ _Per day
__ _Per week
__ _Per month
__ _Per year
Never
Don't know / Not sure
Refused

If “a” to Q. S31c continue. Otherwise go to Q. S33d.

c. Frequent lab tests?

__ _Per day
__ _Per week
__ _Per month
__ _Per year
Never
Don't know / Not sure
Refused

If “a” to Q. S31d continue. Otherwise go to Q. S33e.

d. Primary care physician visits?

__ _Per day
__ _Per week
__ _Per month
__ _Per year
Never
Don't know / Not sure
Refused

If “a” to Q. S31e continue. Otherwise go to Q. S33f.

e. Specialist care physician visits?

__ _Per day
__ _Per week
__ _Per month
__ _Per year
Never
Don't know / Not sure
Refused

If “a” to Q. S31f continue. Otherwise go to Q. S33g.

f. Special equipment?

- ☐ Per day
- ☐ Per week
- ☐ Per month
- ☐ Per year
- Never
- Don’t know / Not sure
- Refused

If “a” to Q. S31g continue. Otherwise go to Q. S33h.

g. Surgery?

- ☐ Per day
- ☐ Per week
- ☐ Per month
- ☐ Per year
- Never
- Don’t know / Not sure
- Refused

If “a” to Q. S31h continue. Otherwise go to Q. S34.

h. Any other types of medical treatment or care? (Specify)

- ☐ Per day
- ☐ Per week
- ☐ Per month
- ☐ Per year
- Never
- Don’t know / Not sure
- Refused

If “a” or “c” to Q. 10.6 in Section 10, continue. Otherwise go to Q. S41.

S34. Have you been satisfied with the involvement you have had with your child’s health care team in making decisions about what care is provided to your child?

- a. Yes **Go to Q. S36**
- b. No
- Don’t Know/Not Sure **Go to Q. S36**
- Refused **Go to Q. S36**

S35. Why not?

- a. Do not understand medical terms
- b. Not included by provider(s)
- c. Afraid to ask questions
- d. Didn’t know you could help make decisions
- e. Other (Specify)_____
- Don’t Know/Not Sure
- Refused

- S36. Do your health care professionals work with you to identify and access all the medical and non-medical services needed to help your child and family achieve their goals?
- a. Yes
 - b. No
 - Don't Know/Not Sure
 - Refused
- S37. How well do you think your child's doctors and other health care providers communicate with each other about your child's care? Would you say their communication is:
- Please Read (a-e)**
- a. Excellent
 - b. Very Good
 - c. Good
 - d. Fair
 - Or**
 - e. Poor
 - Communication not needed
 - Don't Know/Not Sure
 - Refused
- S38. How well do you think your child's doctors and other health care providers communicate with (his/her) school, early intervention program, child care providers, or vocational rehabilitation program? Would you say their communication is:

Please Read (a-e)

- a. Excellent
 - b. Very Good
 - c. Good
 - d. Fair
 - Or**
 - e. Poor
 - Communication not needed
 - Don't Know/Not Sure
 - Refused
- If age of child greater than 12 continue. Otherwise go to Q. S40.**
- S39. Are you satisfied with services available to help your child transition to adult life?
- a. Yes
 - b. No
 - Don't Know/Not Sure
 - Refused
- S40. Are the community-based services organized in a way that makes them easy to use? Would you say this is true always, usually, sometimes, or never?
- a. Always
 - b. Usually
 - c. Sometimes
 - d. Never
 - Don't Know/Not Sure
 - Refused

If the total number of children (ages 0-17) is greater than 1 according to Q. 13.6, continue. Otherwise, go to Q. S42.

S41. Do any other children in your household have any conditions which limit their activities or require ongoing medication?

- a. Yes
- b. No
- Don't Know/Not Sure
- Refused

WEST NILE VIRUS

S42. During this past summer how much would you say that you were outdoors in the evenings? Would you say...

Please read (a-e)

- a. Always
- b. Nearly Always
- c. Sometimes
- d. Seldom
- e. Never
- Don't Know/Not Sure
- Refused

S43. Did you take any precautions this past summer to protect yourself from contracting West Nile Virus?

- a. Yes
- b. No **Go to Q. S45**
- Don't Know/Not Sure **Go to Q. S45**
- Refused **Go to Q. S45**

S44. Please tell me which of the following precautions that you took to avoid contracting West Nile Virus?

a. Did you check your property for places mosquitoes can breed?

- a. Yes
- b. No
- Don't Know/Not Sure
- Refused

b. Did you avoid outdoor activities?

- a. Yes
- b. No
- Don't Know/Not Sure
- Refused

c. Did you use mosquito repellent?

- a. Yes
- b. No
- Don't Know/Not Sure
- Refused

d. Did you wear long pants and long sleeved shirts?

- a. Yes
- b. No
- Don't Know/Not Sure
- Refused

TELEVISION VIEWING

S45. On an average week day, how many hours do you watch TV?

- a. I do not watch TV on an average week day
- b. Less than 1 hour per day
- c. 1 hour per day
- d. 2 hours per day
- e. 3 hours per day
- f. 4 or more hours per day
- Don't know/Not sure
- Refused

WEIGHT CONTROL

If “a” to Q. S5 or “a” to Q. 3.4 in Section 3 continue. Otherwise, go to Q. S47.

S46. In the past 12 months, has a doctor, nurse or other health professional given you advice about your weight?

Probe for which:

- a. Yes, lose weight
- b. Yes, gain weight
- c. Yes, maintain weight
- d. No
- Don't know/Not sure
- Refused

NAME RECOGNITION

S47. Have you heard about the South Dakota Department of Health program called “Healthy South Dakota” that encourages South Dakotans to be physically active, eat healthy, and live healthier lives?

- a. Yes
- b. No
- Don't Know/Not Sure
- Refused

